

Collection Development Registration

First Name: _____ Last Name: _____

Position Held: _____

Library: _____

Address: _____

Work Phone Number: _____

Home Phone Number: _____

Email: _____

Workshop Location You Wish to Attend:

_____ Sioux Falls (Oak View Branch Library, October 16 and November 29, 8:30 am–3:30 pm)

_____ Rapid City (Rapid City Public Library, October 18 and December 1, 9:00 am–4:00 pm)